Reviewer's report

Title: Separated right and left ventricular excitation during right ventricular septal pacing in a patient with narrow QRS wave: a case report

Version: 1 Date: 9 March 2014

Reviewer: Roman A Gebauer

Which of the following following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

In this case report authors describe an extremely rare situation of separated activation of both ventricles during RV septal pacing caused by presence of slow conduction zone located in interventricular septum. Activation pattern of both ventricles were well documented using 3D Carto Mapping System.

The authors concluded that RV septal pacing may lead to deterioration of left ventricular function due to intraventricular dyssynchrony. The fact is that in this case, the reason for worsening of LV function is not the position of the lead (apical versus high septal) but the presence of extensive area of slow conduction/scar in the interventricular septum.

Quality of written English: Needs some language corrections before being
published

Declaration of competing interests:
I declare that I have no competing interests.